cause. Despite improvement in her cardiac condition, gross albuminuria persists suggesting similar involvement of the renal vessels.

The patient closely resembles the case reported by Wells, G. C. (1952, *Brit. J. Derm.*, **64**, 169). His patient also showed an abnormal serum beta globulin and an increase in plasma cells of the bone-marrow, without any evidence of bone destruction. Wells discusses the significance of these findings and suggests that this plasmocytosis is more likely to be a reactive phenomenon than a malignant myeloma. There is experimental evidence of a relationship between the production of antibodies and the number of plasma cells and this plasmocytosis of the bone-marrow, combined with an abnormal circulating globulin suggest that primary amyloidosis should be classified with the disorders of immunity.

My thanks are due to Dr. H. K. Goadby for permission to show this case.

Borst-Jadassohn Intra-epidermal Epithelioma.—H. HABER, M.D., and R. H. SEVILLE, M.D., M.R.C.P.

S. S., male, aged 39.

For the past two years this patient has had a slowly growing brown coloured papillomatous tumour on his left temple (Fig. 1). Clinically the lesion was like a seborrhœic wart, but biopsy was undertaken because it was fleshy and had a firm edge.

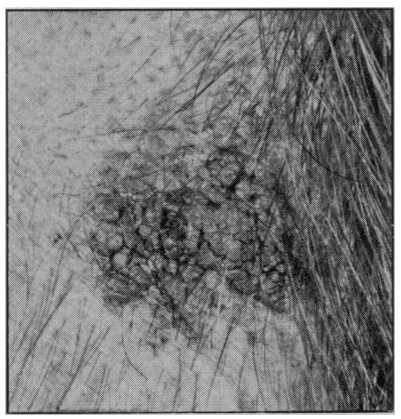

FIG. 1.—Papillomatous demarcated lesion of Borst-Jadassohn intra-epidermal epithelioma on the left temple. ×2.

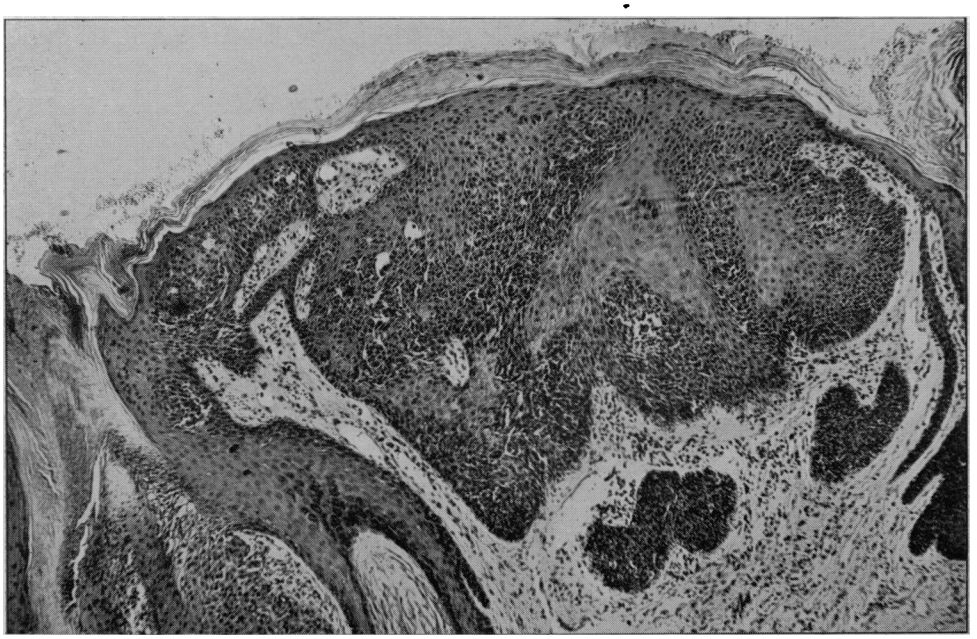

FIG. 2.—Intra-epidermal change. × 140.

Histological section shows a verrucose lesion that has been produced by an irregular hyperplasia of the epidermis which has changed its whole architecture. The stratum corneum is increased and shows areas of parakeratosis which correspond with absence of stratum granulosum in the same places. The stratum spinulosum shows two types of cells, darker staining spindle-shaped cells with a hyperchromatic nucleus exhibiting quite a number of mitotic figures. They are arranged in peculiar whorls. There is also intercellular œdema. The other type of cell shows homogenization of its protoplasm and a more eosinophilic staining producing a picture as if the stratum spinulosum has been replaced by a basal-cell and squamous-cell epithelioma of low grade. It is a rather bizarre histology not seen in any other intra-epidermal epithelioma. The tumour is sharply defined and the corium exhibits dilated blood vessels and a round-cell infiltration (Fig. 2).

Dr. H. Haber: There are several types of intra-epidermal epithelioma met with in dermatological histology, Bowen's disease, Paget's disease, erythroplasia of Queyrat and intra-epidermal basal-cell epithelioma. For the last two or three years I have come across lesions appearing as solitary warty papules or plaques of a peculiar appearance suggesting epidermal nævi, cellular nævi, seborrhœic warts or even melanomas. These could not be diagnosed clinically. The histology is of such a character that it must be regarded as a separate entity which was first described by Borst and forgotten but, later, attention was drawn to it by Jadassohn. The lesion in itself shows peculiar disarrangement of the architecture of the stratum malpighii with islands of spindle-shaped cells with prickles invading the epidermis with a tendency to form whorls. In some places squamous cells or premature hornified cells can be seen behaving in the same manner. There appear to be basal-cell epitheliomas or squamous-cell epitheliomas within the epidermis. I have not yet come across a lesion which has penetrated through the basal layer to invade the corium; so that one cannot say if this is a true intra-epidermal epithelioma or some peculiar nævogenic malformation within the epidermis.

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The following cases were also shown:

Trichostasis Spinulosa with Histological Features of Lichen Spinulosus.—Dr. P. J. HARE.

Vitiligo Treated with Mepacrine.—Dr. J. S. PEGUM for Dr. P. J. HARE.

Reticulo Granuloma.—Dr. R. J. CAIRNS and Dr. H. HABER.

(1) **Necrobiosis Lipoidica (Non-diabetic Type) Treated by Excision and Grafting.** (2) **Case for Diagnosis. ? Dermatomyositis.**—Dr. H. BLACK, for Dr. G. B. MITCHELL-HEGGS.

Granulomatosis Disciformis Progressiva et Chronica (Miescher).—Dr. P. HALL-SMITH, for Dr. G. B. MITCHELL-HEGGS.

(These cases may be published later in the *British Journal of Dermatology*.)